

# "NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

C1

Name of Employer CITY OF LAS VEGAS

Name of Employee		Telephone Number	
Date of Accident	Time of Accident	Place where accident occurred	
What is the nature of the injury?		List body parts involved:	
Briefly describe accident or circumstances:			
Name of witnesses:			
Did the employee leave work because of the injury? _____ YES _____ NO	If yes, when (date and time)?	Has the employee returned to work _____ YES _____ NO	If yes, when (date and time)?
Was first aid provided ? _____ YES _____ NO	If yes, by whom?	Name and address of treating physician, if applicable or known	
Did the accident happen in the normal course of work? _____ YES _____ NO			
Was anyone else involved? _____ YES _____ NO	Name of others involved		
Supervisor's Signature	Date	Signature of Injured Employee	Date

Employee should sign, date and retain copy.

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURIES. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

TO FILE A CLAIM FOR COMPENSATION - SEE "CLAIM FOR COMPENSATION (FORM C-4)" ON REVERSE SIDE

ORIGINAL -RISK MANAGEMENT

YELLOW-DEPARTMENT

PINK- EMPLOYEE

**Brief Description of Your Rights and Benefits**  
**If You Are Injured on the Job**  
*(NRS 616 and 617)*

**Notice of Injury or occupational Disease (Incident Report Form C-1):** If an injury occurs out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but within 7 days after the accident.

**Claim for Compensation (Form C-4):** If medical treatment is sought, the form C-4 is available at the place of initial treatment. You must complete a "Claim for Compensation" form (Form C-4) within 90 days after an accident. The treating physician or chiropractor must within 3 working days after treatment, complete and mail to the employer and to the employer's insurer, the Claim for Compensation. The employer must complete and mail to his insurer or third-party administrator an Employer's Report of Industrial Injury or Occupational Disease (Form C-3), within 6 working days after receipt of a Claim for Compensation.

**Medical Treatment:** If you require medical treatment for your on-the-job injury, you may be required to select a physician or chiropractor from a list provided by your employer. If you have any questions concerning the law as it may apply to you, contact your insurer.

**Acceptance or Denial:** An insurer must accept or deny responsibility for compensation within 30 working days after a Claim for Compensation (Form C-4) is received.

**Lost Time Compensation:** If your doctor has certified that you are unable to work for a period of 5 consecutive days or more, or 5 cumulative days in a 20-day period, you may be entitled to temporary total disability compensation. Payments for lost time are paid at 66 2/3 percent of your average monthly wage and limited by the state average weekly wage that is established and certified by the Nevada State Employment Security Department.

**Travel Reimbursement:** You may be entitled to reimbursement for travel expenses directly related to treatment for your injury. If you are required to travel 20 miles or more one way, or 40 miles or more in one week, for medical treatment, you may be reimbursed for the cost of transportation. A claim for such reimbursement must be submitted to the insurer within 60 days after the travel took place. The travel reimbursement claim form (D-26) is available from the insurer, employer or third-party administrator if the employer is self insured, or from SIIS, if the employer is insured by SIIS.

**Vocational Rehabilitation Services:** You may be eligible for vocational rehabilitation services if you are unable to return to your job due to a permanent physical impairment as a result of your injury.

**Permanent Partial Disability:** When your medical condition is stable and there is an indication of permanent impairment as a result of your injury, your insurer must schedule an evaluation within 30 days by a rating physician or chiropractor to determine the degree of permanent partial disability.

**Claim Closure:** If the medical benefits paid for a claim are less than \$500, the claim closes automatically if you do not receive medical treatment for the injury for at least 12 months. If the medical benefits paid on a claim exceed \$500 and the insurer determines the claim should be closed, the insurer shall send a written notice of its intention to close the claim.

**Reopening:** Nevada Revised Statutes 616C.390 defines your right to reopen your workers' compensation claim, after it has been determined that all benefits were paid and your claim has been closed. An application to reopen a claim must be in writing and accompanied by a certificate from a physician or chiropractor showing a change in medical condition. If you did not lose time from work as a result of your industrial injury and you did not sustain a permanent partial disability, reopening of your claim must be requested within one (1) year after the date on which your claim was closed. If the request for reopening is denied, you shall not reapply to reopen your claim until at least one (1) year after the date on which the final determination of the insurer was made. Reopening of a claim is not effective before an application for reopening is made.

**Appeal Rights:** If you disagree with a written determination made by your insurer, you may appeal by following the instructions contained in your determination letter within 70 days after the date on which the final notice was mailed by your insurer.

*The descriptive material contained in this publication is derived from Chapters 616 and 617 of the Nevada Revised Statutes and is provided for informational purposes only.*